

Attorney Name, Address, Telephone and FAX Ph: 310-277-0077; Fax: 310-277-5735 Eric P. Israel (State Bar No. 132426) eisrael@dgdgk.com John N. Tedford (State Bar No. 205537) jtedford@dgdgk.com Aaron E. de Leest (State Bar No. 216832) Danning, Gill, Diamond & Kollitz, LLP 1901 Avenue of the Stars, Suite 450 Los Angeles, CA 90067-6006		File with U.S. TRUSTEE Only
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA NORTHERN DIVISION		
In re: HVI Cat Canyon, Inc. <div style="text-align: right;">Debtor(s)</div>		Chapter 11 Case Number 9:19-bk-11573-MB
NOTICE OF SETTING/INCREASING INSIDER COMPENSATION		

1. Name of Insider:	Alex G. Dimitrijevic
2. Relationship to Debtor (i.e. owner, partner, officer, director, shareholder).	Officer
3. Date when relationship with Debtor commenced:	03/19/08
4. Position title:	President
5. Position Description:	President of HVI Cat Canyon, Inc. Belridge, Lakeview, REDU, and Rig Dept
6. Assigned Duties:	Oversight of all HVICC production areas (Santa Barbara, Orange and Kern County) including all governmental agencies. Manage a team of approximately 50 employees & report to Chairman.
7. Date employed in current position:	Current position held since proximately 2013
8. If previously employed by Debtor within past two years in a different position, state position(s) and date(s).	N/A
9. Number of hours worked per week:	50-60
10. Total amount of compensation and payment interval:	\$3,807.69 Bi-weekly
11. Breakdown of compensation (specify amount and payment interval.	
Salary:	98,610.85
Perquisites (total, detail below):	\$15,584.48

Car Allowance:	\$250 per pay period
Medical Insurance:	Anthem Blue Cross PPO \$757.04 monthly premium
Life Insurance:	Anthem Blue Cross \$15,000
Business Expenses:	Reimbursement for out of pocket expenses during business travel
Other (Specify):	N/A
12. Identify the source of the funds to be used to pay compensations specified in No. 10:	Payroll Account
13. Date and amount of last increase in compensation:	03/19/08
14. Identify any creditor who asserts a security interest (whether or not Debtor disputes the validity thereof) in the receipts generated by the operation of the Debtor's business and the amount of its claim:	N/A
15. Specify all compensation, perquisites, loans, benefits etc. received by insider from the Debtor during the twelve month period immediately preceding the filing of the Chapter 11 Petition (Attach W-2, 1099, Individual Payroll Cards and other related forms):	W2 attached
Compensation:	\$98,610.85
Loans:	None
Perquisites (Specify):	Reimbursement for out of pocket expenses during business travel

I declare under penalty of perjury that the answers contained in the foregoing Notice are true and correct.

Dated: 10/23/19

Alex G. Dimitrijevic

Print Name and Title of Authorized Agent for Debtor


Signature of Authorized Agent for Debtor

Attach proof of service on Creditors= Committee or the Twenty Largest Creditors if no committee has been formed, and to any secured creditors that claim an interest in cash collateral.
If this notice pertains to setting compensation, it must be filed and served fifteen days before any pay out of compensation, although compensation may be accrued during this period.
If this notice pertains to an increase in compensation, it must be filed and served thirty days before the date when the proposed increase takes effect.

OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2018

a Employee's social security number	1 Wages, tips, other comp. 98610.85	2 Federal income tax withheld 15284.47
b Employer ID number (EIN)	3 Social security wages 98610.85	4 Social security tax withheld 6113.94
	5 Medicare wages and tips 98610.85	6 Medicare tax withheld 1429.85
c Employer's name, address, and ZIP code HVI Cat Canyon, Inc 2617 Clark Ave Santa Maria CA 93454		
d Control number		
e Employee's name, address, and ZIP code ALEX G. DIMITRIJEVIC 310 E MC COY LN SANTA MARIA CA 93455		
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other HC 388.40		
CA	98610.85	6499.36
15 State/employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 98610.85	19 Local income tax 986.17	20 Locality name CA SDI

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

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Copy 2 - To be Filed With Employee's State, City,
or Local Income Tax Return
DXA

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)
DXA

Dept. of the Treasury - IRS

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Dept. of the Treasury - IRS

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is 1901 Avenue of the Stars, Suite 450, Los Angeles, CA 90067-6006.

A true and correct copy of the foregoing document entitled (*specify*): Notice of Setting/Increasing Insider Compensation will be served or was served (**a**) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (**b**) in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) _____ I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

☐ Service information continued on attached page.

2. SERVED BY UNITED STATES MAIL:

On (*date*) October 25, 2019, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☒ Service information continued on attached page.

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) _____, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

October 25, 2019
Date

Gloria Ramos
Printed Name

/s/ Gloria Ramos
Signature

ADDITIONAL SERVICE INFORMATION (if needed):

2. SERVED BY U.S. MAIL

Brian D Fittipaldi
United States Department of
Justice/OUST
1415 State Street
Suite 148
Santa Barbara, CA 93101

Counsel for Creditor Committee Official
Committee of Unsecured Creditors
Jeffrey N Pomerantz
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd 13th Fl
Los Angeles, CA 90067

Counsel for California State Lands
Commission
Marc Cohen
Loeb & Loeb, LLP
10100 Santa Monica Blvd.
Suite 2200
Los Angeles, California 90067

Counsel for GIT, Inc.
Patricia B. Tomasco
Quinn Emanuel Urquhart & Sullivan LLP
Pennzoil Place 711 Louisiana St.,
Suite 500
Houston, TX 77002

Counsel for UBS AG, London Branch
Evan M. Jones
O'Melveny & Myers LLP
400 South Hope Street, 18th Floor
Los Angeles, CA 90071

GLR, LLC
45 Rockefeller Plaza, Suite 2410
New York, NY 10111